

# CIVILIAN CHANGE OF ADDRESS

For use of this form, see Email, DRM (CSR), 29 Nov 99, subj: FK Form 5054-E

THRU: EMPLOYEE'S SUPERVISOR

EMPLOYEE'S ORGANIZATIONAL CIVILIAN PERSONNEL POC

TO: DIR, DRM, ATTN: ATZK-RMA (CSR)

1. EMPLOYEE NAME:

2. SSN:

3. AGENCY/ACTIVITY EMPLOYED BY:

4. MAILING ADDRESS (Home, PO Box, etc., and nine-digit Zip Code):

5. DESIGNATION FOR DELIVERY OF SAVINGS BONDS (Put N/A for no bonds):

6. E-MAIL ADDRESS:

7. DATE:

8. SIGNATURE OF EMPLOYEE:

## DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 6, General Accounting Office Policy and Procedures Manual for Guidance of Federal Agencies; E.O. 9397.

PURPOSE: To provide Customer Service Representative with an address, other than that of financial organization, to which pay checks may be mailed and the method of delivery of Leave and Earnings Statements (LES). Also serves to notify supervisor of employee's change of address.

ROUTINE USES: The address furnished provides a means by which an address may be shown on the face of the check for delivery through mail channels. It may provide a means by which correspondence, when necessary, may be delivered through mail channels. Also provides means for supervisor to update employee's 7-B Card with new address.

DISCLOSURE: Voluntary; however, if the individual does not provide the information, he/she will not have LES or pay check forwarded to new address. Supervisor will not have information to update employee's home address on 7-B Card.

FK FORM 5045-E, NOV 99

V1.00